DATE AMENDED	1. PLACE OF DEATH e. COUNTY b. CITY (if outside corporate limits, give TOWNSHIP only) TOWN C. FULL NAME OF (if NOT in hospital, ave location) HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or print) 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before e. STATE OR TOWN C. CITY OR TOWN C. CITY OR TOWN C. STREET ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADATE OF DEATH Teb. 2. If institution: Residence before e. STATE OR TOWN ASSOCIATE TOWN C. CITY OR TOWN ADDRESS ADDRESS ADDRESS ADATE OF DEATH Teb. 2. If UNDER 1 YEAR IF UNDER 24 HR Wildowed Never Married B. DRIE OF BIRTH Description Months Days House 24 HR Months Days House 24 HR Middle Disported Disporte
THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refed) that I back entermined in the process of the proces
AMENDMENTS ON THE SHOULD READ AMENDMENTS ON THE SHOULD READ AFFIDAVIT OF	Solution State S

STATEMENT BY LICENSED EMBALMER

by	is recorded on the reverse side of this certificate was embalmed by m
orking under my personal supervision.	
udentSignature of Student Embalmer	Signed James W. Wair
	P. O. Address K. C. Mo
	P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.